

PREPARED BY AND RETURN TO:  
TAYLOR JONES & ALEXANDER LTD.  
ATTORNEYS AT LAW  
P. O. BOX 188  
SOUTHAVEN, MS 38671  
(662) 342-1300-File#8393-08

8/12/08 8:52:53 SS  
BK 591 PG 166 SS  
DESOTO COUNTY, MS  
W.E. DAVIS, CH CLERK

ANGELA S. GONYAW JACKSON,  
Administratrix of the Estate of RICHARD  
RUSSELL GONYAW, SR., Deceased  
GRANTOR(S)

## WARRANTY DEED

TO

CHAD A. CONNER, a married person  
GRANTEE(S)

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00) cash in hand paid, and other good and valuable considerations, the receipt of all of which is hereby acknowledged, I, ANGELA S. GONYAW JACKSON, Administratrix of the Estate of RICHARD RUSSELL GONYAW, SR., Deceased do hereby sell, convey, and warrant unto CHAD A. CONNER, a Married person the land and all appurtenances thereon lying and being situated in DeSoto County, Mississippi, described as follows, to-wit:

Lot 315, Section "D ", CARRIAGE HILLS SUBDIVISION, located in  
Section 24, Township 1 South, Range 8 West, DeSoto County, Mississippi  
as shown by plat of record in Plat Book 5, Pages 4 & 5 in the office of the  
Chancery Clerk of DeSoto County, Mississippi.

PARCEL NO. 1086-2404.0-00315.00

The above property is the same property conveyed to Richard Russell Gonyaw and wife, Betty M. Gonyaw by Warranty Deed of record in Book 79, Page 322 in the Chancery Clerk's Office of DeSoto County, Mississippi. Betty M. Gonyaw passed away on September 1, 2004 and Richard Russell Gonyaw passed away on April 22, 2008.

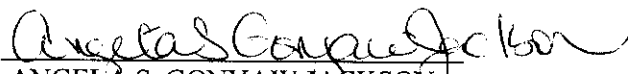
The Grantor herein executes this Warranty Deed in accordance with Order Granting Authority to Sell Real Property as filed in Cause No. 08-05-0930, Estate of Richard Russell Gonyaw, Sr., Deceased.

The warranty in this deed is subject to subdivision restrictions, building lines and easements as shown on the recorded plat, any covenants of record; rights of ways and easements for public roads and public utilities, to building, zoning, subdivision and health department regulations in effect for DeSoto County, Mississippi.

Taxes for the year 2008 have been prorated as of this date and are to paid by the Grantee.

Possession is to be given on delivery of this Warranty Deed

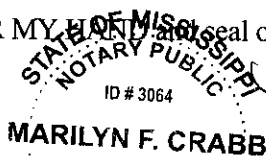
WITNESS my signature(s), this the 8<sup>th</sup> day of August, 2008.

  
ANGELA S. GONYAW JACKSON  
Administratrix of the Estate of Richard  
Russell Gonyaw, Sr., Deceased

STATE OF MISSISSIPPI  
COUNTY OF DESOTO

PERSONALLY appeared before me, the undersigned authority at law, in and for the jurisdiction aforesaid, the within named ANGELA S. GONYAW JACKSON, Administratrix of the Estate of Richard Russell Gonyaw, Sr., Deceased who acknowledged that she signed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned, as her free act and deed, and for the purposes therein expressed.

GIVEN UNDER MY SEAL and seal of office, this the 8<sup>th</sup> day of August, 2008.

  
MARILYN F. CRABB  
Notary Public

My commission expires:

PROPERTY ADDRESS: 8250 CHESTERFIELD DR., SOUTHAVEN, MS. 38671

GRANTORS ADDRESS:  
3330 Woodland Trace  
Southaven MS 38672

Res# 901-2779138

Bus# 662-772-4189

GRANTEE'S ADDRESS:

8250 Chesterfield Dr.

Southaven, Ms. 38671

Res# 901-848-8246

Bus# 901-795-9983

## STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH  
VITAL RECORDS

BK 591 PG 167

TYPE OR PRINT WITH BLACK INK	FILING DATE	CERTIFICATE OF DEATH STATE OF MISSISSIPPI				STATE FILE NUMBER	123-04-018466				
DECEASED	SEP 17 2004	1. NAME First Middle Last <b>BETTY MAE GONYAW</b>				2. SEX <b>FEMALE</b>	3a. HOUR OF DEATH m.	3b. DATE OF DEATH (Month, Day, Year) <b>SEPT. 1, 2004</b>			
Death occurred in institution, see INDEXBOOK, regarding completion of RESIDENCE items	4. RACE (Specify White, Black, American Indian, etc.) <b>WHITE</b>	5a. AGE AT LAST BIRTHDAY <b>64</b> Years	ONLY IF UNDER 1 YEAR 5b. MOS 5c. DAYS 5d. HOURS 5e. MINS		6. DATE OF BIRTH (Month, Day, Year) <b>JULY 28, 1940</b>	7a. COUNTY OF DEATH <b>DESOTO</b>					
	7b. CITY OR TOWN OF DEATH <b>SOUTHAVEN</b>	7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) <b>8250 CHESTERFIELD DRIVE</b>				7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA		8. STATE OF BIRTH <b>TENNESSEE</b>			
	9. DECEDENT'S EDUCATION (Specify only highest grade completed)	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No)						
RESIDENCE items, for actual location home rather than mailing address	13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) <b>AMERICAN</b>	14. SOCIAL SECURITY NUMBER <b>414-62-4389</b>		15a. USUAL OCCUPATION (Kind of work done most of working life) <b>CUSTOMER SERVICE</b>		15b. KIND OF BUSINESS OR INDUSTRY <b>RETAIL</b>					
	16a. RESIDENCE-STATE <b>MISSISSIPPI</b>	16b. COUNTY <b>DESOTO</b>	16c. CITY OR TOWN <b>SOUTHAVEN</b>		16d. INSIDE CITY LIMITS (Specify Yes or No) <b>YES</b>	16e. STREET AND NUMBER OR RURAL LOCATION <b>8250 CHESTERFIELD DRIVE</b>					
	17. FATHER-NAME First Middle Last <b>HUBERT COGGIN SHARP</b>		18. MOTHER-NAME First Middle Maiden <b>ELIZABETH DROKE</b>								
INFORMANT	19a. INFORMANT-NAME (Type or print) <b>RICHARD R. GONYAW, SR.</b>				19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>8250 CHESTERFIELD DRIVE, SOUTHAVEN, MS 38671</b>						
DISPOSITION	20a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	20b. CEMETERY, CREMATORY-NAME <b>FOREST HILL EAST</b>		20c. LOCATION (City and State) <b>MEMPHIS, TENNESSEE</b>	21a. EMBALMER-SIGNATURE AND NUMBER <b>WILLIAMS. JOYNER TN4341</b>						
PRONOUNCEMENT	22a. PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print) <b>FOREST HILL EAST TN 918</b>				22b. PRONOUNCED DEAD (Month, Day, Year) ON		22c. PRONOUNCED DEAD (Hour) AT		m.		
	23a. CERTIFIER-NAME (Type or print) <b>Linda M. Smiley</b>				23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>100 N Humphreys Memphis TN 38120</b>						
MISSISSIPPI State Board of Health Form No. 511 Revised 1-1-89	24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE <b>[Signature]</b> MD				24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE <b>[Signature]</b>						
	24b. DATE SIGNED (Month, Day, Year) <b>9-8-04</b>				24c. STATE LICENSE NUMBER <b>TN16339</b>		24f. TITLE				
	24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)				24g. DATE SIGNED (Month, Day, Year)						
CAUSE OF DEATH  Conditions, if any, which gave rise to immediate cause stating the underlying cause last	25. PART I: IMMEDIATE CAUSE (Enter one cause only): (a) <b>Metastatic breast Ca</b>				Interval between onset and death						
	(b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):				Interval between onset and death						
	(c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):				Interval between onset and death						
Had Decedent been Pregnant within 90 Days prior to Death?  <input type="checkbox"/> Yes <input type="checkbox"/> No	26. PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in PART I				27. AUTOPSY (Yes or No) <b>No</b>		28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No)				
	Use if death NOT due to natural causes	29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)	29b. DATE OF INJURY (Month, Day, Year)		29c. HOUR OF INJURY m.	29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED					
	29e. INJURY AT WORK (Yes or No)	29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)		29g. LOCATION Street or route number City or town State							

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

SEP 17 2004

Judy Moulder  
STATE REGISTRAR

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EMBOSSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER  
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## STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH  
VITAL RECORDS

BK 591 PG 168

CERTIFICATE OF DEATH  
STATE OF MISSISSIPPI

STATE FILE NUMBER 123-08-010030

TYPE OR PRINT  
WITH BLACK INK  
DECEASEDFILING  
DATE MAY 15 2008If death occurred in  
an institution, see  
HANDBOOK regarding  
completion of  
RESIDENCE itemsFor RESIDENCE items,  
enter actual location  
of home rather than  
mailing address

## PARENTS

## INFORMANT

## DISPOSITION

## PRONOUNCEMENT

## CERTIFIER

Mississippi State  
Board of Health  
Form No. 511  
Revised 1-1-89

## CAUSE OF DEATH

Had Decedent  
been Pregnant  
Within 90 Days  
Prior to Death?☐ Yes ☐ No

1. NAME First Middle Last <b>RICHARD RUSSELL GONYAW</b>	2. SEX <b>MALE</b>	3a. HOUR OF DEATH <b>9:40P m.</b>	3b. DATE OF DEATH (Month, Day, Year) <b>APRIL 22, 2008</b>			
4. RACE (Specify White, Black, American Indian, etc.) <b>WHITE</b>	5a. AGE AT LAST BIRTHDAY <b>69</b> Years	5b. MOS <b>1-4</b>	5c. DAYS <b>2</b>	5d. HOURS <b>5e. MINS</b>	6. DATE OF BIRTH (Month, Day, Year) <b>MAR. 8, 1939</b>	7a. COUNTY OF DEATH <b>DESOTO</b>
7b. CITY OR TOWN OF DEATH <b>SOUTHAVEN</b>	7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) <b>BAPTIST HOSPITAL-DESOTO 17B</b>				7d. IF IN HOSP. OR INST. SPECIFY INPT, OUTPT, EMER. RM, OR DOA <b>INPT</b>	8. STATE OF BIRTH <b>MICHIGAN</b>
9. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/High School College (0-12) (1-4) (5+) <b>2</b>	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>NONE</b>	12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) <b>YES</b>			
13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) <b>AMERICAN</b>	14. SOCIAL SECURITY NUMBER <b>411-58-7864</b>	15a. USUAL OCCUPATION (Kind of work done, most of working life) <b>ATHLETIC FIELD SERVICES</b>	15b. KIND OF BUSINESS OR INDUSTRY <b>GROUND'S CONSULTANT</b>			
16a. RESIDENCE--STATE <b>MISSISSIPPI</b>	16b. COUNTY <b>DESOTO</b>	16c. CITY OR TOWN <b>SOUTHAVEN</b>	16d. INSIDE CITY LIMITS (Specify Yes or No) <b>YES</b>	16e. STREET AND NUMBER OR RURAL LOCATION <b>8250 CHESTERFIELD DRIVE</b>		
17. FATHER--NAME First Middle Last <b>JAMES E. GONYAW</b>	18. MOTHER--NAME First Middle Maiden <b>BETTIE BARTHOLOMEW</b>					
19a. INFORMANT--NAME (Type or print) <b>ANGELA JACKSON</b>	19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>3330 WOODLAND TRACE E SOUTHAVEN, MS 38672</b>					
20a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	20b. CEMETERY, CREMATORY--NAME <b>FOREST HILL EAST CEM.</b>	20c. LOCATION (City and State) <b>MEMPHIS, TN</b>	21a. EMBALMER--SIGNATURE AND NUMBER <b>EMBALMED IN TENNESSEE</b>			
21b. FUNERAL HOME--NAME AND MISSISSIPPI I.D. NUMBER <b>FOREST HILL FUNERAL HOME #918</b>	21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>2440 WHITTEN ROAD MEMPHIS, TN 38133</b>					
22a. PERSON WHO PRONOUNCED DEATH--NAME AND TITLE (Type or print) <b>WILLIAM RICHARDS, MD</b>	22b. PRONOUNCED DEAD (Month, Day, Year) <b>ON APRIL 22, 2008</b>	22c. PRONOUNCED DEAD (Hour) (AT) <b>9:40P m.</b>				
23a. CERTIFIER--NAME (Type or print) <b>JEFFERY POUNDERS, CMEI</b>	23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>4942 POUNDERS RD, NESBIT, MS 38651</b>					
24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE <b>Jeffery Pounders</b>	24b. DATE SIGNED (Month, Day, Year) <b>MAY 01, 2008</b>	24c. STATE LICENSE NUMBER <b>MD</b>	24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)			
25. PART I: IMMEDIATE CAUSE (Enter one cause only): DEATH CAUSED BY: (a) <b>END-STAGE RENAL DISEASE</b> DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (b) <b>HYPERTENSION</b> DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (c) <b>INSULIN-DEPENDENT DIABETES</b>	Interval between onset and death					
26. PART II: OTHER SIGNIFICANT CONDITIONS--Conditions contributing to death but not resulting in the underlying cause given in PART I	Interval between onset and death					
27. AUTOPSY (Yes or No) <b>NO</b>	28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) <b>YES</b>					
29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)	29b. DATE OF INJURY (Month, Day, Year)	29c. HOUR OF INJURY (Month, Day, Year)	29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED			
29e. INJURY AT WORK (Yes or No)	29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)	29g. LOCATION	Street or route number City or town State			

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Judy Moulder  
STATE REGISTRAR

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VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW